

Effective October 1, 2000

Application or Docket Number

29288:0300

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			47				Ē	RATE	FEE) 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			У7-minus 20=		• 27			X\$ 9=		OR	X\$18=	486·0
INDEPENDENT CLAIMS			ப் minus 3 =		* 1			X40=		OR	X80=	S0 W
MU	ILTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	30.6
* If	the difference	in column 1 is	less than ze	ro, enter	"0" in c	olumn 2	L	TOTAL		OR	TOTAL	
	С	LAIMS AS A	- PAR						1011	OTHER	THAN	
		(Column 1)		(Colur	nn 2)	2) (Column 3)		SMALL ENTITY		OR	SMALL	
AMENDMENT A	-	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	Independent + Minus ++++ FIRST PRESENTATION OF MULTIPLE DEPENDER			CLAINA	=		X40=		OR	X80=	
	THOTTHESE	INTATION OF IN	JETTP LL DEP	LINDLINI	CLAIIVI		¹	+135=		OR	+270=	
								TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		DDIT. FEE			ADDII. FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	NI PRE		BER PRESENT DUSLY EXTRA FOR			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	┇┞	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						! ├					
								+135=		OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	·	(Column 1)		(Colur		(Column 3)					-	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	\prod	X\$ 9=		OR	X\$18=	
	Independent	*	Minus ***			=	 	X40=		0.0	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7.00	
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nurr	nber Previously Pa	id For" (Total o	r Independ	ent) is the	highest numbe	er foun	d in the app	ropriate box	in col	umn 1.	